

<i>SERFF Tracking Number:</i>	<i>NHMP-125878378</i>	<i>State:</i>	<i>Arkansas</i>
<i>First Filing Company:</i>	<i>AIG National Insurance Company, Inc., ...</i>	<i>State Tracking Number:</i>	<i>EFT \$50</i>
<i>Company Tracking Number:</i>	<i>PA-AR-0851</i>		
<i>TOI:</i>	<i>19.0 Personal Auto</i>	<i>Sub-TOI:</i>	<i>19.0001 Private Passenger Auto (PPA)</i>
<i>Product Name:</i>	<i>Private Passenger and Motorcycle Programs</i>		
<i>Project Name/Number:</i>	<i>Declaration Page/PA-AR-0851</i>		

Filing at a Glance

Companies: AIG National Insurance Company, Inc., American International South Insurance Company, Granite State Insurance Company

Product Name: Private Passenger and Motorcycle Programs	SERFF Tr Num: NHMP-125878378	State: Arkansas
TOI: 19.0 Personal Auto	SERFF Status: Closed	State Tr Num: EFT \$50
Sub-TOI: 19.0001 Private Passenger Auto (PPA)	Co Tr Num: PA-AR-0851	State Status: Fees verified and received
Filing Type: Form	Co Status:	Reviewer(s): Alexa Grissom, Betty Montesi
	Author: Dianne Reyes	Disposition Date: 01/29/2009
	Date Submitted: 10/30/2008	Disposition Status: Approved
Effective Date Requested (New): 02/01/2009		Effective Date (New): 03/17/2009
Effective Date Requested (Renewal): 03/15/2009		Effective Date (Renewal): 05/01/2009

State Filing Description:

General Information

Project Name: Declaration Page	Status of Filing in Domicile:
Project Number: PA-AR-0851	Domicile Status Comments:
Reference Organization:	Reference Number:
Reference Title:	Advisory Org. Circular:
Filing Status Changed: 01/29/2009	
State Status Changed: 11/03/2008	Deemer Date:
Corresponding Filing Tracking Number:	
Filing Description:	

AIG Agency Auto would like to place on file a revised declaration page, AU ARD1 0908, Automobile Declaration Page and MC ARD1 0908, Motorcycle Declaration Page. This declaration page will replace our current declaration page, AIGDEC 0403. There is no material change to the document but an easier to read, cleaner format for the insured.

Should you have any questions, please contact me.

<i>SERFF Tracking Number:</i>	<i>NHMP-125878378</i>	<i>State:</i>	<i>Arkansas</i>
<i>First Filing Company:</i>	<i>AIG National Insurance Company, Inc., ...</i>	<i>State Tracking Number:</i>	<i>EFT \$50</i>
<i>Company Tracking Number:</i>	<i>PA-AR-0851</i>		
<i>TOI:</i>	<i>19.0 Personal Auto</i>	<i>Sub-TOI:</i>	<i>19.0001 Private Passenger Auto (PPA)</i>
<i>Product Name:</i>	<i>Private Passenger and Motorcycle Programs</i>		
<i>Project Name/Number:</i>	<i>Declaration Page/PA-AR-0851</i>		

Sincerely,
Dianne Reyes
Compliance Analyst

Company and Contact

Filing Contact Information

Dianne Reyes, Compliance Analyst	dianne.reyes@aig.com
Deerfield Corporate Centre Two	(800) 334-9641 [Phone]
Alpharetta, GA 30004	(800) 535-6540[FAX]

Filing Company Information

AIG National Insurance Company, Inc.	CoCode: 36587	State of Domicile: New York
Deerfield Corporate Centre Two	Group Code: 12	Company Type:
13010 Morris Road		
Alpharetta, GA 30004	Group Name:	State ID Number:
(800) 334-9641 ext. 64227[Phone]	FEIN Number: 13-3801089	

American International South Insurance Company	CoCode: 40258	State of Domicile: Pennsylvania
Deerfield Corporate Centre Two	Group Code: 12	Company Type:
13010 Morris Rd		
Alpharetta, GA 30004	Group Name:	State ID Number:
(800) 334-9641 ext. 64227[Phone]	FEIN Number: 02-6008643	

Granite State Insurance Company	CoCode: 23809	State of Domicile: Pennsylvania
Deerfield Corporate Centre Two	Group Code: 12	Company Type:
13010 Morris Road		
Alpharetta, GA 30004	Group Name:	State ID Number:
(800) 334-9641 ext. 64227[Phone]	FEIN Number: 02-0140690	

Filing Fees

Fee Required?	Yes
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<i>SERFF Tracking Number:</i>	<i>NHMP-125878378</i>	<i>State:</i>	<i>Arkansas</i>
<i>First Filing Company:</i>	<i>AIG National Insurance Company, Inc., ...</i>	<i>State Tracking Number:</i>	<i>EFT \$50</i>
<i>Company Tracking Number:</i>	<i>PA-AR-0851</i>		
<i>TOI:</i>	<i>19.0 Personal Auto</i>	<i>Sub-TOI:</i>	<i>19.0001 Private Passenger Auto (PPA)</i>
<i>Product Name:</i>	<i>Private Passenger and Motorcycle Programs</i>		
<i>Project Name/Number:</i>	<i>Declaration Page/PA-AR-0851</i>		
Fee Amount:	\$50.00		
Retaliatory?	No		
Fee Explanation:			
Per Company:	No		

<i>SERFF Tracking Number:</i>	<i>NHMP-125878378</i>	<i>State:</i>	<i>Arkansas</i>
<i>First Filing Company:</i>	<i>AIG National Insurance Company, Inc., ...</i>	<i>State Tracking Number:</i>	<i>EFT \$50</i>
<i>Company Tracking Number:</i>	<i>PA-AR-0851</i>		
<i>TOI:</i>	<i>19.0 Personal Auto</i>	<i>Sub-TOI:</i>	<i>19.0001 Private Passenger Auto (PPA)</i>
<i>Product Name:</i>	<i>Private Passenger and Motorcycle Programs</i>		
<i>Project Name/Number:</i>	<i>Declaration Page/PA-AR-0851</i>		

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
AIG National Insurance Company, Inc.	\$50.00	10/30/2008	23587017
American International South Insurance Company	\$0.00	10/30/2008	
Granite State Insurance Company	\$0.00	10/30/2008	

SERFF Tracking Number:	NHMP-125878378	State:	Arkansas
First Filing Company:	AIG National Insurance Company, Inc., ...	State Tracking Number:	EFT \$50
Company Tracking Number:	PA-AR-0851		
TOI:	19.0 Personal Auto	Sub-TOI:	19.0001 Private Passenger Auto (PPA)
Product Name:	Private Passenger and Motorcycle Programs		
Project Name/Number:	Declaration Page/PA-AR-0851		

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Alexa Grissom	01/29/2009	01/29/2009
Approved	Alexa Grissom	11/06/2008	11/06/2008

Objection Letters and Response Letters

Objection Letters				Response Letters		
Status	Created By	Created On	Date Submitted	Responded By	Created On	Date Submitted
Pending Industry Response	Alexa Grissom	11/04/2008	11/04/2008	Dianne Reyes	11/04/2008	11/04/2008
Pending Industry Response	Alexa Grissom	11/03/2008	11/03/2008	Dianne Reyes	11/03/2008	11/03/2008

Filing Notes

Subject	Note Type	Created By	Created On	Date Submitted
Effective Date Revision	Note To Reviewer	Rebecca Peppers	01/23/2009	01/23/2009
Effective Date Revision	Note To Reviewer	Rebecca Peppers	01/23/2009	01/23/2009

SERFF Tracking Number:	NHMP-125878378	State:	Arkansas
First Filing Company:	AIG National Insurance Company, Inc., ...	State Tracking Number:	EFT \$50
Company Tracking Number:	PA-AR-0851		
TOI:	19.0 Personal Auto	Sub-TOI:	19.0001 Private Passenger Auto (PPA)
Product Name:	Private Passenger and Motorcycle Programs		
Project Name/Number:	Declaration Page/PA-AR-0851		

Disposition

Disposition Date: 01/29/2009
Effective Date (New): 03/17/2009
Effective Date (Renewal): 05/01/2009
Status: Approved
Comment:

Rate data does NOT apply to filing.

Overall Rate Information for Multiple Company Filings

Overall Percentage Rate Indicated For This Filing	0.000%
Overall Percentage Rate Impact For This Filing	0.000%
Effect of Rate Filing-Written Premium Change For This Program	\$0
Effect of Rate Filing - Number of Policyholders Affected	0

SERFF Tracking Number: NHMP-125878378 State: Arkansas

First Filing Company: AIG National Insurance Company, Inc., ... State Tracking Number: EFT \$50

Company Tracking Number: PA-AR-0851

TOI: 19.0 Personal Auto Sub-TOI: 19.0001 Private Passenger Auto (PPA)

Product Name: Private Passenger and Motorcycle Programs

Project Name/Number: Declaration Page/PA-AR-0851

Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Supporting Document	AIGDEC 0403-Example	Approved	Yes
Supporting Document	Examples - "John Doe" & "Jane Doe" Declaration Pages	Approved	Yes
Form (revised)	Automobile Declaration Page	Approved	Yes
Form	Automobile Declaration Page	Approved	Yes
Form (revised)	Motorcycle Declaration Page	Approved	Yes
Form	Motorcycle Declaration Page	Approved	Yes

SERFF Tracking Number:	NHMP-125878378	State:	Arkansas
First Filing Company:	AIG National Insurance Company, Inc., ...	State Tracking Number:	EFT \$50
Company Tracking Number:	PA-AR-0851		
TOI:	19.0 Personal Auto	Sub-TOI:	19.0001 Private Passenger Auto (PPA)
Product Name:	Private Passenger and Motorcycle Programs		
Project Name/Number:	Declaration Page/PA-AR-0851		

Disposition

Disposition Date: 11/06/2008
Effective Date (New): 02/01/2009
Effective Date (Renewal): 03/15/2009
Status: Approved
Comment:

Rate data does NOT apply to filing.

Overall Rate Information for Multiple Company Filings

Overall Percentage Rate Indicated For This Filing	0.000%
Overall Percentage Rate Impact For This Filing	0.000%
Effect of Rate Filing-Written Premium Change For This Program	\$0
Effect of Rate Filing - Number of Policyholders Affected	0

SERFF Tracking Number: NHMP-125878378 State: Arkansas

First Filing Company: AIG National Insurance Company, Inc., ... State Tracking Number: EFT \$50

Company Tracking Number: PA-AR-0851

TOI: 19.0 Personal Auto Sub-TOI: 19.0001 Private Passenger Auto (PPA)

Product Name: Private Passenger and Motorcycle Programs

Project Name/Number: Declaration Page/PA-AR-0851

Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Supporting Document	AIGDEC 0403-Example	Approved	Yes
Supporting Document	Examples - "John Doe" & "Jane Doe" Declaration Pages	Approved	Yes
Form (revised)	Automobile Declaration Page	Approved	Yes
Form	Automobile Declaration Page	Approved	Yes
Form (revised)	Motorcycle Declaration Page	Approved	Yes
Form	Motorcycle Declaration Page	Approved	Yes

SERFF Tracking Number: NHMP-125878378 State: Arkansas
First Filing Company: AIG National Insurance Company, Inc., ... State Tracking Number: EFT \$50
Company Tracking Number: PA-AR-0851
TOI: 19.0 Personal Auto Sub-TOI: 19.0001 Private Passenger Auto (PPA)
Product Name: Private Passenger and Motorcycle Programs
Project Name/Number: Declaration Page/PA-AR-0851

Objection Letter

Objection Letter Status Pending Industry Response
Objection Letter Date 11/04/2008
Submitted Date 11/04/2008
Respond By Date
Dear Dianne Reyes,

This will acknowledge receipt of the captioned filing. Per Ark. Code Ann. 23-79-138 the name, address, and the telephone number of the agent, State Insurance Department, and the service office of the insurer must all the included.

Please feel free to contact me if you have questions.

Sincerely,
Alexa Grissom

Response Letter

Response Letter Status Submitted to State
Response Letter Date 11/04/2008
Submitted Date 11/04/2008

Dear Alexa Grissom,

Comments:

Response 1

Comments: Good afternoon,

In order to comply with Ark. Code Ann. 23-79-138, we have added the name, address and toll free telephone number of the State Insurance Department under the Important Information section of the declaration page.

The agent's name, address, and the telephone number can be found on the front page in the informational box under the AIG Agency Auto logo and in the Important Information section. The agent's address is in the top left hand corner. The service office of the insurer is also located in the information box under the AIG Agency Auto logo and the last line on the back page provides the address.

Please see attached revised declaration pages.

Thanks for your help.
Dianne Reyes

SERFF Tracking Number:	NHMP-125878378	State:	Arkansas
First Filing Company:	AIG National Insurance Company, Inc., ...	State Tracking Number:	EFT \$50
Company Tracking Number:	PA-AR-0851		
TOI:	19.0 Personal Auto	Sub-TOI:	19.0001 Private Passenger Auto (PPA)
Product Name:	Private Passenger and Motorcycle Programs		
Project Name/Number:	Declaration Page/PA-AR-0851		

Changed Items:

No Supporting Documents changed.

Form Schedule Item Changes

Form Name	Form Number	Edition Date	Form Type	Action	Action Specific Data	Readability Score	Attach Document
Automobile Declaration Page	AU ARD1	0908	Declarations/Schedule	Replaced			AU ARD1 0908 Auto Declaration Page - Jane Doe - 11.4.08.pdf

Previous Version

Automobile Declaration Page	AU ARD1	0908	Declarations/Schedule	Replaced			AU ARD1 0908 Auto Declaration Page.pdf
Motorcycle Declaration Page	MC ARD1	0908	Declarations/Schedule	Replaced			MC ARD1 0908 Motorcycle Declaration Page - John Doe 11.4.08.pdf

Previous Version

Motorcycle Declaration Page	MC ARD1	0908	Declarations/Schedule	Replaced			MC ARD1 0908 Motorcycle
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<i>SERFF Tracking Number:</i>	<i>NHMP-125878378</i>	<i>State:</i>	<i>Arkansas</i>
<i>First Filing Company:</i>	<i>AIG National Insurance Company, Inc., ...</i>	<i>State Tracking Number:</i>	<i>EFT \$50</i>
<i>Company Tracking Number:</i>	<i>PA-AR-0851</i>		
<i>TOI:</i>	<i>19.0 Personal Auto</i>	<i>Sub-TOI:</i>	<i>19.0001 Private Passenger Auto (PPA)</i>
<i>Product Name:</i>	<i>Private Passenger and Motorcycle Programs</i>		
<i>Project Name/Number:</i>	<i>Declaration Page/PA-AR-0851</i>		

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Declaratio
n
Page.pdf

SERFF Tracking Number: *NHMP-125878378* *State:* *Arkansas*
First Filing Company: *AIG National Insurance Company, Inc., ...* *State Tracking Number:* *EFT \$50*
Company Tracking Number: *PA-AR-0851*
TOI: *19.0 Personal Auto* *Sub-TOI:* *19.0001 Private Passenger Auto (PPA)*
Product Name: *Private Passenger and Motorcycle Programs*
Project Name/Number: *Declaration Page/PA-AR-0851*

No Rate/Rule Schedule items changed.

Sincerely,
Dianne Reyes

SERFF Tracking Number: NHMP-125878378 State: Arkansas
First Filing Company: AIG National Insurance Company, Inc., ... State Tracking Number: EFT \$50
Company Tracking Number: PA-AR-0851
TOI: 19.0 Personal Auto Sub-TOI: 19.0001 Private Passenger Auto (PPA)
Product Name: Private Passenger and Motorcycle Programs
Project Name/Number: Declaration Page/PA-AR-0851

Objection Letter

Objection Letter Status Pending Industry Response

Objection Letter Date 11/03/2008

Submitted Date 11/03/2008

Respond By Date

Dear Dianne Reyes,

This will acknowledge receipt of the captioned filing. Please complete a "John Doe" sample for the submissions.

Please refer to Ark. Code Ann. 23-79-138 for required information.

Please feel free to contact me if you have questions.

Sincerely,

Alexa Grissom

Response Letter

Response Letter Status Submitted to State

Response Letter Date 11/03/2008

Submitted Date 11/03/2008

Dear Alexa Grissom,

Comments:

Response 1

Comments: Thank you for your quick review of our filing. Per your request I am adding "John Doe" motorcycle declaration page and "Jane Doe" personal auto declaration page, samples of our new formatted declaration page.

Please do not hesitate to contact me if you require additional information.

Thanks again,

Dianne

Changed Items:

Supporting Document Schedule Item Changes

Satisfied -Name: Examples - "John Doe" & "Jane Doe" Declaration Pages

Comment:

SERFF Tracking Number: *NHMP-125878378* *State:* *Arkansas*
First Filing Company: *AIG National Insurance Company, Inc., ...* *State Tracking Number:* *EFT \$50*
Company Tracking Number: *PA-AR-0851*
TOI: *19.0 Personal Auto* *Sub-TOI:* *19.0001 Private Passenger Auto (PPA)*
Product Name: *Private Passenger and Motorcycle Programs*
Project Name/Number: *Declaration Page/PA-AR-0851*

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Sincerely,
Dianne Reyes

SERFF Tracking Number: *NHMP-125878378* *State:* *Arkansas*
First Filing Company: *AIG National Insurance Company, Inc., ...* *State Tracking Number:* *EFT \$50*
Company Tracking Number: *PA-AR-0851*
TOI: *19.0 Personal Auto* *Sub-TOI:* *19.0001 Private Passenger Auto (PPA)*
Product Name: *Private Passenger and Motorcycle Programs*
Project Name/Number: *Declaration Page/PA-AR-0851*

Note To Reviewer

Created By:

Rebecca Peppers on 01/23/2009 01:37 PM

Subject:

Effective Date Revision

Comments:

Ms. Grissom,

My apologies, the new effective dates need to be changed to 3/17/09 for New Business and 5/1/09 for Renewal Business. Please advise.

Becky Peppers

800-334-9641

extension 64159

Rebecca.Peppers@aig.com

SERFF Tracking Number: *NHMP-125878378* *State:* *Arkansas*
First Filing Company: *AIG National Insurance Company, Inc., ...* *State Tracking Number:* *EFT \$50*
Company Tracking Number: *PA-AR-0851*
TOI: *19.0 Personal Auto* *Sub-TOI:* *19.0001 Private Passenger Auto (PPA)*
Product Name: *Private Passenger and Motorcycle Programs*
Project Name/Number: *Declaration Page/PA-AR-0851*

Note To Reviewer

Created By:

Rebecca Peppers on 01/23/2009 01:06 PM

Subject:

Effective Date Revision

Comments:

Dear Ms. Grissom,

Due to IT resources it has become necessary to revise the effective dates of this filing. We would like to request that the dates be changed to 2/24/09 NB and 4/10/09 RB. Please advise if you need additional information or there are any questions.

Rebecca (Becky) Peppers
800-334-9641
extension 64159
Rebecca.Peppers@aig.com

SERFF Tracking Number: NHMP-125878378 State: Arkansas

First Filing Company: AIG National Insurance Company, Inc., ... State Tracking Number: EFT \$50

Company Tracking Number: PA-AR-0851

TOI: 19.0 Personal Auto Sub-TOI: 19.0001 Private Passenger Auto (PPA)

Product Name: Private Passenger and Motorcycle Programs

Project Name/Number: Declaration Page/PA-AR-0851

Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Automobile Declaration Page	AU ARD1	0908	Declaration Replaced s/Schedule	Replaced Form #: AIGDEC 0403 Previous Filing #:		AU ARD1 0908 Auto Declaration Page - Jane Doe - 11.4.08.pdf
Approved	Motorcycle Declaration Page	MC ARD1	0908	Declaration Replaced s/Schedule	Replaced Form #: AIGDEC 0403 Previous Filing #:		MC ARD1 0908 Motorcycle Declaration Page - John Doe 11.4.08.pdf

ABC Insurance Company
123 Main Street
Marion, AR 72364



Jane Doe
456 Mulberry Ave.
West Memphis, AR 72301

Policy Number: AIG1234567

Policy Period: 01/01/09 – 07/01/09

Make a Payment:

Online at www.aig4auto.com

By phone 800-633-4028

Make a Change to Your Policy:

Contact your AIG Authorized Representative
ABC Insurance Company
(870) 222-3333

Report a Claim:

888-244-6163

Producer Number: 123456

Coverage Provided By:

AIG National Insurance Company, Inc.

Personal Auto Insurance Coverage Summary

This is your New Declarations Page

- Named Insured: Jane Doe
- Total Policy Premium: \$220.00
- Coverage began on 01/01/2009 at 12:01 AM or the time listed on the application, whichever is later. Coverage ends on 07/01/2009 at 12:01 AM.

Vehicle 1 — 2004 Chevy Impala
Garaging Zip Code: 72301

VIN
12233445566998877

Territory
411

Symbol
67/80

Driver Class
SF-00

Coverage	Limits	Deductible	Premium
Bodily Injury	\$25,000 Each Person \$50,000 Each Accident		\$50.00
Property Damage	\$25,000 Each Accident		\$50.00
Uninsured Motorist Bodily Injury	\$25,000 Each Person \$50,000 Each Accident		\$50.00
Underinsured Motorist Bodily Injury	\$25,000 Each Person \$50,000 Each Accident		\$50.00
Total			\$200.00
Total Fees			\$20.00

Total Policy Premium: \$220.00

Driver Information

Name
JANE DOE

Date of Birth
02/05/1972

Gender
Female

Marital Status
Single

Violations

Driver
JANE DOE

Date
03/15/2008

Type
Speeding

Additional Insured

Vehicle 1 - 2004 Chevy Impala

John Doe
234 Anystreet Ave.
Marion, AR 72364

Lienholder

Vehicle 1 - 2004 Chevy Impala

123 Finance Company
678 Finance Street
West Memphis, AR 72301

Discounts

Multi Car

Surcharges

Business Use

Policy Forms

Form
AU AR01 11/04

Vehicle
ALL

Form
AU AR45 06/04

Vehicle
ALL

Form

Vehicle

Important Information

If you have questions or changes to your policy, please contact your AIG Authorized Representative, **ABC Insurance Company**, at **870-222-3333**.

You may call or write the Arkansas Insurance Department with any questions you may have regarding insurance using the information below:

Arkansas Insurance Department
1200 West Third Street
Little Rock, AR 72201
800-852-5494

Date Printed: 01/01/2009

Coverage provided by AIG National Insurance Company, Inc., P.O. Box 1802, Alpharetta, GA 30023-0302

ABC Insurance Company
123 Main Street
Marion, AR 72364



John Doe
12365 River Road
Little Rock, AR 72227

Policy Number: AIG98745632

Policy Period: 01/01/09 – 07/01/09

Make a Payment:

Online at www.aig4auto.com

By phone 800-633-4028

Make a Change to Your Policy:

Contact your AIG Authorized Representative
ABC Insurance Company
(870) 222-3333

Report a Claim:

888-244-6163

Producer Number: 6541236

Coverage Provided By:

Granite State Insurance Company

Motorcycle Insurance Coverage Summary

This is your New Declarations Page

- Named Insured: John Doe
- Total Policy Premium: \$265.00
- Coverage began on 01/01/2009 at 12:01 AM or the time listed on the application, whichever is later. Coverage ends on 07/01/2009 at 12:01 AM.

Vehicle 1 — 2004 Honda TRX400FA
Garaging Zip Code: 72227

VIN
4567852145321456

Territory
003

Symbol
AT20

Driver Class
MM-00

Coverage	Limits	Deductible	Premium
Bodily Injury (Including Guest Passenger Coverage)	\$25,000 Each Person \$50,000 Each Accident		\$50.00
Property Damage	\$25,000 Each Accident		\$50.00
Personal Injury Protection Medical and Hospital Benefits	\$5,000 Each Person		\$50.00
Comprehensive		\$500.00	\$50.00
Collision		\$500.00	\$50.00
Safety Riding Apparel	\$2,000 Each Occurrence		INCL
Additional Equipment	\$3,000 Each Occurrence		INCL
Total			\$XXX.XX

Total Fees

\$15.00

Total Policy Premium:

\$265.00

Driver Information

Name
John Doe

Date of Birth
11/06/64

Gender
Male

Marital Status
Married

Violations

Driver
John Doe

Date
05/06/2008

Type
Speeding

Additional Insured

Vehicle 1 - 2004 Honda TRX400FA

Jane Doe
3215 Happy Street
Little Rock, AR 21065

Lienholder

Vehicle 1 - 2004 Honda TRX400FA

American Honda Finance
123 Finance Street
Little Rock, AR 21065

Discounts

Homeowners

Surcharges

Special Hazard

Policy Forms**Form**
AU AR01 11/04**Vehicle**
ALL**Form**
AU AR45 06/07**Vehicle**
ALL**Form**
MC AR01 06/07**Vehicle**
ALL**Important Information**

If you have questions or changes to your policy, please contact your AIG Authorized Representative, **ABC Insurance Company**, at **870-222-3333**.

You may call or write the Arkansas Insurance Department with any questions you may have regarding insurance using the information below:

Arkansas Insurance Department
1200 West Third Street
Little Rock, AR 72201
800-852-5494

Date Printed: 01/01/2009

Coverage provided by Granite State Insurance Company, PO Box 1802, Alpharetta, GA 30023-0302

<i>SERFF Tracking Number:</i>	<i>NHMP-125878378</i>	<i>State:</i>	<i>Arkansas</i>
<i>First Filing Company:</i>	<i>AIG National Insurance Company, Inc., ...</i>	<i>State Tracking Number:</i>	<i>EFT \$50</i>
<i>Company Tracking Number:</i>	<i>PA-AR-0851</i>		
<i>TOI:</i>	<i>19.0 Personal Auto</i>	<i>Sub-TOI:</i>	<i>19.0001 Private Passenger Auto (PPA)</i>
<i>Product Name:</i>	<i>Private Passenger and Motorcycle Programs</i>		
<i>Project Name/Number:</i>	<i>Declaration Page/PA-AR-0851</i>		

Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number: NHMP-125878378 State: Arkansas
First Filing Company: AIG National Insurance Company, Inc., ... State Tracking Number: EFT \$50
Company Tracking Number: PA-AR-0851
TOI: 19.0 Personal Auto Sub-TOI: 19.0001 Private Passenger Auto (PPA)
Product Name: Private Passenger and Motorcycle Programs
Project Name/Number: Declaration Page/PA-AR-0851

Supporting Document Schedules

Satisfied -Name: Uniform Transmittal Document-Property & Casualty **Review Status:** Approved 01/29/2009

Comments:

Attachments:

industry_rates_PCtransDoc_intelligent.pdf
Filing Memorandum.pdf

Satisfied -Name: AIGDEC 0403-Example **Review Status:** Approved 01/29/2009

Comments:

Attachment:

AIGDEC 0403 - Declaration Page.pdf

Satisfied -Name: Examples - "John Doe" & "Jane Doe" Declaration Pages **Review Status:** Approved 01/29/2009

Comments:

Attachments:

AU ARD1 0908 Auto Declaration Page - Jane Doe.pdf
MC ARD1 0908 Motorcycle Declaration Page - John Doe.pdf

Property & Casualty Transmittal Document

1. Reserved for Insurance Dept. Use Only	2. Insurance Department Use only a. Date the filing is received: b. Analyst: c. Disposition: d. Date of disposition of the filing: e. Effective date of filing: <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;">New Business</div> <div style="width: 40%;"></div> </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;">Renewal Business</div> <div style="width: 40%;"></div> </div> f. State Filing #: g. SERFF Filing #: <div style="display: flex; justify-content: space-between;"> <div style="width: 40%;">h. Subject Codes</div> <div style="width: 60%;"></div> </div>
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3.	Group Name	Group NAIC #

4.	Company Name(s)	Domicile	NAIC #	FEIN #	State #

5.	Company Tracking Number	
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Contact Info of Filer(s) or Corporate Officer(s) [include toll-free number]

6.	Name and address	Title	Telephone #s	FAX #	e-mail

7.	Signature of authorized filer	
8.	Please print name of authorized filer	

Filing information (see General Instructions for descriptions of these fields)

9.	Type of Insurance (TOI)	
10.	Sub-Type of Insurance (Sub-TOI)	
11.	State Specific Product code(s)(if applicable)[See State Specific Requirements]	
12.	Company Program Title (Marketing title)	
13.	Filing Type	<input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other (give description)
14.	Effective Date(s) Requested	New: Renewal:
15.	Reference Filing?	<input type="checkbox"/> Yes <input type="checkbox"/> No
16.	Reference Organization (if applicable)	
17.	Reference Organization # & Title	
18.	Company's Date of Filing	
19.	Status of filing in domicile	<input type="checkbox"/> Not Filed <input type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

Property & Casualty Transmittal Document—

20.	This filing transmittal is part of Company Tracking #	
21.	Filing Description [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]	

22.	Filing Fees (Filer must provide check # and fee amount if applicable) [If a state requires you to show how you calculated your filing fees, place that calculation below]
<div style="height: 300px; border: 1px solid black;"></div>	
Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.	

***Refer to the each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)

FORM FILING SCHEDULE

(This form must be provided ONLY when making a filing that includes forms)

(Do not refer to the body of the filing for the forms listing, unless allowed by state.)

1.	This filing transmittal is part of Company Tracking #				
2.	This filing corresponds to rate/rule filing number (Company tracking number of rate/rule filing, if applicable)				
3.	Form Name /Description/Synopsis	Form # Include edition date	Replacement Or withdrawn?	If replacement, give form # it replaces	Previous state filing number, if required by state
01			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
02			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
03			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
04			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
05			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
06			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
07			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
08			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
09			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
10			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		

PC FFS-1

RATE/RULE FILING SCHEDULE

(This form must be provided ONLY when making a filing that includes rate-related items such as Rate; Rule; Rate & Rule; Reference; Loss Cost; Loss Cost & Rule or Rate, etc.)

(Do not refer to the body of the filing for the component/exhibit listing, unless allowed by state.)

1.	This filing transmittal is part of Company Tracking #	
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2.	This filing corresponds to form filing number (Company tracking number of form filing, if applicable)	
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☐ Rate Increase ☐ Rate Decrease ☐ Rate Neutral (0%)

3.	Filing Method (Prior Approval, File & Use, Flex Band, etc.)	
-----------	--	--

4a.	Rate Change by Company (As Proposed)
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Company Name	Overall % Indicated Change (when applicable)	Overall % Rate Impact	Written premium change for this program	# of policyholders affected for this program	Written premium for this program	Maximum % Change (where required)	Minimum % Change (where required)

4b.	Rate Change by Company (As Accepted) For State Use Only
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Company Name	Overall % Indicated Change (when applicable)	Overall % Rate Impact	Written premium change for this program	# of policyholders affected for this program	Written premium for this program	Maximum % Change	Minimum % Change

5.	Overall Rate Information (Complete for Multiple Company Filings only)
-----------	--

		COMPANY USE	STATE USE
5a	Overall percentage rate indication (when applicable)		
5b	Overall percentage rate impact for this filing		
5c	Effect of Rate Filing – Written premium change for this program		
5d	Effect of Rate Filing – Number of policyholders affected		

6.	Overall percentage of last rate revision	
-----------	---	--

7.	Effective Date of last rate revision	
-----------	---	--

8.	Filing Method of Last filing (Prior Approval, File & Use, Flex Band, etc.)	
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9.	Rule # or Page # Submitted for Review	Replacement or withdrawn?	Previous state filing number, if required by state
01		[] New [] Replacement [] Withdrawn	
02		[] New [] Replacement [] Withdrawn	
03		[] New [] Replacement [] Withdrawn	

**AIG AGENCY AUTO
ARKANSAS FORMS FILING
EXPLANATORY MEMORANDUM**

**AIG National Insurance Company, Inc.
American International South Insurance Company
Granite State Insurance Company
Private Passenger Automobile & Motorcycle Programs
Forms Filing Effective February 1, 2009 NB & March 15, 2009 RB**

This is a forms filing for all new business effective on or after February 1, 2009 and all renewal business effective on or after March 15, 2009 for AIG National Insurance Company, Inc., American International South Insurance Company and Granite State Insurance Company's Private Passenger Auto and Motorcycle Programs.

The following are the forms that we wish to use in these programs that need to be approved by your department. Copies of these forms are enclosed.

Form Number	Edition	Form Title
AU ARD1	0908	Automobile Declaration Page
MC ARD1	0908	Motorcycle Declaration Page

P.O. BOX 1802
ALPHARETTA, GA 30023

COMPANY COPY

PERSONAL AUTO POLICY
NEW DECLARATION ***** EFFECTIVE XX/XX/XX

POLICY NUMBER	POLICY PERIOD		COVERAGE IS PROVIDED IN THE	AGENCY
	FROM	TO		
AIG XXXXXXXX	XX/XX/XX	XX/XX/XX	(Company Name Here)	XXXXXXXXXXXX
NAMED INSURED AND ADDRESS			AGENT	

VEHICLES COVERED

UNIT	ST	TER	YR	MAKE-DESCRIPTION	SERIAL NUMBER	AGE	SYM	CLASS	CSTNEW	CHG DATE
001	XX	XXX	XX	XXXXXX XXXXXXXX	XXXXXXXXXXXXXXXXXX	XX	XX	XX-XX	xxxxxxx	XX/XX/XX

INSURANCE IS PROVIDED WHERE A PREMIUM IS SHOWN FOR THE COVERAGE.

COVERAGE	LIMITS OF LIABILITY	UNIT 1	PREMIUMS
LIABILITY COVERAGE			
BODILY INJURY	\$10,000 EACH PERSON		
	\$20,000 EACH ACCIDENT	XXX.XX	
PROPERTY DAMAGE	\$10,000 EACH ACCIDENT	XXX.XX	
		TOTAL BY UNIT	XXX.XX
		TOTAL TERM PREMIUM	XXX.XX

DISCOUNTS/SURCHARGES APPLIED TO APPLICABLE COVERAGES

UNIT 01 XXXXXXXX

DRIVER ID	DRIVER NAME	LICENSE NUMBER	BIRTH DATE
01	Jane Doe	XXXXXXXXXXXXX	XX/XX/XX

DRIVER HISTORY:

DRIVER ID 01 SPE2 XX/XX/XX

THE TOTAL FEE IS \$XX.XX

APPLICABLE FORMS

FORM#	DATE	UNIT	FORM#	DATE	UNIT	FORM#	DATE	UNIT
-------	------	------	-------	------	------	-------	------	------

PREMIUM THIS TRANSACTION\$XXX.XX

AUTHORIZED REPRESENTATIVE

DATE

ABC Insurance Company
123 Main Street
Marion, AR 72364



Jane Doe
456 Mulberry Ave.
West Memphis, AR 72301

Policy Number: AIG1234567

Policy Period: 01/01/09 – 07/01/09

Make a Payment:

Online at www.aig4auto.com

By phone 800-633-4028

Make a Change to Your Policy:

Contact your AIG Authorized Representative
ABC Insurance Company
(870) 222-3333

Report a Claim:

888-244-6163

Producer Number: 123456

Coverage Provided By:

AIG National Insurance Company, Inc.

Personal Auto Insurance Coverage Summary

This is your New Declarations Page

- Named Insured: Jane Doe
- Total Policy Premium: \$220.00
- Coverage began on 01/01/2009 at 12:01 AM or the time listed on the application, whichever is later. Coverage ends on 07/01/2009 at 12:01 AM.

Vehicle 1 — 2004 Chevy Impala
Garaging Zip Code: 72301

VIN
12233445566998877

Territory
411

Symbol
67/80

Driver Class
SF-00

Coverage	Limits	Deductible	Premium
Bodily Injury	\$25,000 Each Person \$50,000 Each Accident		\$50.00
Property Damage	\$25,000 Each Accident		\$50.00
Uninsured Motorist Bodily Injury	\$25,000 Each Person \$50,000 Each Accident		\$50.00
Underinsured Motorist Bodily Injury	\$25,000 Each Person \$50,000 Each Accident		\$50.00
Total			\$200.00
Total Fees			\$20.00

Total Policy Premium:	\$220.00
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Driver Information

Name
JANE DOE

Date of Birth
02/05/1972

Gender
Female

Marital Status
Single

Violations

Driver
JANE DOE

Date
03/15/2008

Type
Speeding

Additional Insured

Vehicle 1 - 2004 Chevy Impala

John Doe
234 Anystreet Ave.
Marion, AR 72364

Lienholder

Vehicle 1 - 2004 Chevy Impala

123 Finance Company
678 Finance Street
West Memphis, AR 72301

Discounts

Multi Car

Surcharges

Business Use

Policy FormsForm
AU AR01 11/04Vehicle
ALLForm
AU AR45 06/04Vehicle
ALL

Form

Vehicle

Important Information

If you have questions or changes to your policy, please contact your AIG Authorized Representative, **ABC Insurance Company**, at **870-222-3333**.

Date Printed: 01/01/2009

Coverage provided by AIG National Insurance Company, Inc., P.O. Box 1802, Alpharetta, GA 30023-0302

ABC Insurance Company
123 Main Street
Marion, AR 72364



John Doe
12365 River Road
Little Rock, AR 72227

Policy Number: AIG98745632

Policy Period: 01/01/09 – 07/01/09

Make a Payment:

Online at www.aig4auto.com

By phone 800-633-4028

Make a Change to Your Policy:

Contact your AIG Authorized Representative
ABC Insurance Company
(870) 222-3333

Report a Claim:

888-244-6163

Producer Number: 6541236

Coverage Provided By:

Granite State Insurance Company

Motorcycle Insurance Coverage Summary

This is your New Declarations Page

- Named Insured: John Doe
- Total Policy Premium: \$265.00
- Coverage began on 01/01/2009 at 12:01 AM or the time listed on the application, whichever is later. Coverage ends on 07/01/2009 at 12:01 AM.

Vehicle 1 — 2004 Honda TRX400FA
Garaging Zip Code: 72227

VIN
4567852145321456

Territory
003

Symbol
AT20

Driver Class
MM-00

Coverage	Limits	Deductible	Premium
Bodily Injury (Including Guest Passenger Coverage)	\$25,000 Each Person \$50,000 Each Accident		\$50.00
Property Damage	\$25,000 Each Accident		\$50.00
Personal Injury Protection Medical and Hospital Benefits	\$5,000 Each Person		\$50.00
Comprehensive		\$500.00	\$50.00
Collision		\$500.00	\$50.00
Safety Riding Apparel	\$2,000 Each Occurrence		INCL
Additional Equipment	\$3,000 Each Occurrence		INCL
Total			\$XXX.XX

Total Fees

\$15.00

Total Policy Premium:

\$265.00

Driver Information

Name
John Doe

Date of Birth
11/06/64

Gender
Male

Marital Status
Married

Violations

Driver
John Doe

Date
05/06/2008

Type
Speeding

Additional Insured

Vehicle 1 - 2004 Honda TRX400FA

Jane Doe
3215 Happy Street
Little Rock, AR 21065

Lienholder

Vehicle 1 - 2004 Honda TRX400FA

American Honda Finance
123 Finance Street
Little Rock, AR 21065

Discounts

Homeowners

Surcharges

Special Hazard

Policy FormsForm
AU AR01 11/04Vehicle
ALLForm
AU AR45 06/07Vehicle
ALLForm
MC AR01 06/07Vehicle
ALL**Important Information**

If you have questions or changes to your policy, please contact your AIG Authorized Representative, **ABC Insurance Company**, at **870-222-3333**.

Date Printed: 01/01/2009

Coverage provided by Granite State Insurance Company, PO Box 1802, Alpharetta, GA 30023-0302

<i>SERFF Tracking Number:</i>	<i>NHMP-125878378</i>	<i>State:</i>	<i>Arkansas</i>
<i>First Filing Company:</i>	<i>AIG National Insurance Company, Inc., ...</i>	<i>State Tracking Number:</i>	<i>EFT \$50</i>
<i>Company Tracking Number:</i>	<i>PA-AR-0851</i>		
<i>TOI:</i>	<i>19.0 Personal Auto</i>	<i>Sub-TOI:</i>	<i>19.0001 Private Passenger Auto (PPA)</i>
<i>Product Name:</i>	<i>Private Passenger and Motorcycle Programs</i>		
<i>Project Name/Number:</i>	<i>Declaration Page/PA-AR-0851</i>		

Superseded Attachments

Please note that all items on the following pages are items, which have been replaced by a newer version. The newest version is located with the appropriate schedule on previous pages. These items are in date order with most recent first.

Original Date:	Schedule	Document Name	Replaced Date	Attach Document
No original date	Form	Automobile Declaration Page	10/29/2008	AU ARD1 0908 Auto Declaration Page.pdf
No original date	Form	Motorcycle Declaration Page	10/29/2008	MC ARD1 0908 Motorcycle Declaration Page.pdf

(Producer Name Here)
XXX Street Name
City, State XXXXX

Jane Doe
XXX Street Name
City, State XXXXX

Policy Number: AIGXXXXXXX

Policy Period: XX/XX/XX – XX/XX/XX

Make a Payment:

Online at www.aig4auto.com

By phone 800-633-4028

Make a Change to Your Policy:

Contact your AIG Authorized Representative
(Producer Name Here)

(Producer Phone Number Here)

Report a Claim:

888-244-6163

Producer Number: XXXXXXXX

Coverage Provided By:

(Company Name Here)

Personal Auto Insurance Coverage Summary

This is your New Declarations Page

- Named Insured: Jane Doe
- Total Policy Premium: \$XXXX.XX
- Coverage began on XX/XX/XX at 12:01 AM or the time listed on the application, whichever is later. Coverage ends on XX/XX/XX at 12:01 AM.

Vehicle 1 — Year Make Model Garaging Zip Code: XXXXX	VIN XXXXXXXXXXXXXXXXXX	Territory XXX	Symbol XX/XX	Driver Class XXXX-XX
Coverage	Limits	Deductible	Premium	
Bodily Injury	\$XX,XXX Each Person \$XX,XXX Each Accident		\$XXX.XX	
Property Damage	\$XX,XXX Each Accident		\$XXX.XX	
Personal Injury Protection Medical and Hospital Benefits	\$X,XXX Each Person		\$XXX.XX	
Uninsured Motorist Bodily Injury	\$XX,XXX Each Person \$XX,XXX Each Accident		\$XXX.XX	
Underinsured Motorist Bodily Injury	\$XX,XXX Each Person \$XX,XXX Each Accident		\$XXX.XX	
Comprehensive		\$X,XXX	\$XXX.XX	
Collision		\$X,XXX	\$XXX.XX	
Total			\$XXX.XX	
Total Fees			\$XX.XX	

Total Policy Premium:

\$XXXX.XX

Driver Information

Name	Date of Birth	Gender	Marital Status
JANE DOE	XX/XX/XX	XXXXXXXX	XXXXXXX

Violations

Driver	Date	Type
JANE DOE	XX/XX/XX	XXXXXX

Additional Insured

Vehicle 1 - Year Make Model	(Additional Insured Name Here) XXX Street Address City, State XXXXXX
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Lienholder

Vehicle 1 – Year Make Model	(Lienholder Name Here) XXX Street Address City, State XXXXXX
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Discounts

List Applicable Discounts

Surcharges

List Applicable Surcharges

Policy Forms

Form	Vehicle	Form	Vehicle	Form	Vehicle
List applicable Forms					

Important Information

If you have questions or changes to your policy, please contact your AIG Authorized Representative, (Producer Name Here), at XXX-XXX-XXXX.

Date Printed: XX/XX/XX

Coverage provided by (Underwriting Company Name Here), PO Box 1802, Alpharetta, GA 30023-0302

(Producer Name Here)
 XXX Street Name
 City, State XXXXX

Jane Doe
 XXX Street Name
 City, State XXXXX

Policy Number: AIGXXXXXXX

Policy Period: XX/XX/XX – XX/XX/XX

Make a Payment:

Online at www.aig4auto.com

By phone 800-633-4028

Make a Change to Your Policy:

Contact your AIG Authorized Representative

(Producer Name Here)

(Producer Phone Number Here)

Report a Claim:

888-244-6163

Producer Number: XXXXXXXX

Coverage Provided By:

(Company Name Here)

Motorcycle Insurance Coverage Summary

This is your New Declarations Page

- Named Insured: Jane Doe
- Total Policy Premium: \$XXXX.XX
- Coverage began on XX/XX/XX at 12:01 AM or the time listed on the application, whichever is later. Coverage ends on XX/XX/XX at 12:01 AM.

Vehicle 1 — Year Make Model Garaging Zip Code: XXXXX	VIN XXXXXXXXXXXXXXXXXX	Territory XXX	Symbol XX/XX	Driver Class XXXX-XX
Coverage	Limits	Deductible	Premium	
Bodily Injury (Including Guest Passenger Coverage)	\$XX,XXX Each Person \$XX,XXX Each Accident		\$XXX.XX	
Property Damage	\$XX,XXX Each Accident		\$XXX.XX	
Personal Injury Protection Medical and Hospital Benefits	\$X,XXX Each Person		\$XXX.XX	
Uninsured Motorist Bodily Injury	\$XX,XXX Each Person \$XX,XXX Each Accident		\$XXX.XX	
Underinsured Motorist Bodily Injury	\$XX,XXX Each Person \$XX,XXX Each Accident		\$XXX.XX	
Comprehensive		\$X,XXX	\$XXX.XX	
Collision		\$X,XXX	\$XXX.XX	
Safety Riding Apparel	\$XX,XXX Each Occurrence		INCL	
Additional Equipment	\$XX,XXX Each Occurrence		INCL	
Trip Interruption			\$XXX.XX	
Total			\$XXX.XX	
Total Fees			\$XX.XX	

Total Policy Premium:

\$XXXX.XX

Driver Information			
Name	Date of Birth	Gender	Marital Status
JANE DOE	XX/XX/XX	XXXXXXXX	XXXXXXX

Violations		
Driver	Date	Type
JANE DOE	XX/XX/XX	XXXXXX

Additional Insured	
Vehicle 1 - Year Make Model	(Additional Insured Name Here) XXX Street Address City, State XXXXXX

Lienholder	
Vehicle 1 – Year Make Model	(Lienholder Name Here) XXX Street Address City, State XXXXXX

Discounts	
List Applicable Discounts	

Surcharges	
List Applicable Surcharges	

Policy Forms					
Form	Vehicle	Form	Vehicle	Form	Vehicle
List applicable Forms					

Important Information

If you have questions or changes to your policy, please contact your AIG Authorized Representative, (Producer Name Here), at XXX-XXX-XXXX.

Date Printed: XX/XX/XX

Coverage provided by (Underwriting Company Name Here), PO Box 1802, Alpharetta, GA 30023-0302